



Fig.

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PS88.

Failures and Lessons in Endovascular Treatment of Symptomatic Isolated Dissection of Superior Mesenteric Artery

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Objectives: To discuss the technical failures and lessons in endovascular treatment of symptomatic isolated dissection of the superior mesenteric artery (SIDSMA).

Methods: Data for 33 patients with SIDSMA treated between July 2007 and September 2013 were retrospectively collected. The technical failures and lessons in the endovascular management were analyzed in terms of their causes and prophylaxis.

Results: Eighteen patients were successfully treated medically, 13 underwent stent placement, 1 received hybrid procedure, and 1 had open fenestration. Full follow-up (range, 3-72 months; mean, 29 ± 19 months) was achieved in 28 patients. Failure to cannulate the true lumen developed in seven patients. Of them, the femoral and brachial approaches were taken in five and two patients, respectively, and there was no significance between them (one-sided Fisher exact test = 0.572). Among the five femoral failures, the true lumen was ultimately cannulated after conversion to the brachial approach in two cases. The perfusion of the distal SMA was not improved until the second stent was placed distally covering the whole expanded false lumen in one case. Quite a few branches originating from the false lumen were overlooked in one patient, which were apparently compromised after stenting.

Consequently, the patient died of intestinal necrosis. In a patient with a huge dissecting aneurysm, the stent was misplaced across the false lumen. Fortunately, remarkable aneurysmal thrombosis formed at 3 months. In the patient who received the hybrid procedure, including thrombectomy, distal fenestration, and proximal stenting, the stent was occluded at 2 weeks, probably because the thrombus protruded into the stent.

Conclusions: Difficulty in cannulating the true lumen was not uncommon in the endovascular treatment of SIDSMA, and the brachial approach might be helpful. The length and branches involvement of the false lumen would better be evaluated beforehand. Should the lumen contain thrombus, a covered stent would be a reasonable option.

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PS90.

Inexperienced Vascular Surgeons and Abdominal Vascular Cases Disproportionately Contribute to Malpractice Lawsuits

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Objectives: Open abdominal cases have declined steadily over the past 10 years. The purpose of this study is to evaluate trends in malpractice lawsuits and determine if an inverse correlation exists with the decline in open abdominal vascular cases.

Methods: A review of all legal cases filed between 1996 and 2013 against vascular surgeons for malpractice was completed using WestLaw and Google Scholar. Board certification was verified using the American Board of Surgery. Each legal case was characterized with regard to the Accreditation Council for Graduate Medical Education (ACGME) category of the procedure, complication, and outcome. Interval between initial vascular certification and the year of incident was determined to characterize vascular surgeon experience. ACGME case logs were reviewed from 2001 to 2012 and trends in open abdominal vascular cases determined.

Results: Twenty-five legal proceedings against vascular surgeons were identified over the 10-year period. At the time of the incident, 19 of the 25 surgeons were boarded in vascular surgery. Fifteen patients died and 10 experienced major disability. Ten of 20 (50%) completed cases were decided in favor of the defendant. Litigation for major abdominal vascular procedures increased by 50% over the past 10 years, and 39% (seven of 18) cases were among boarded vascular surgeons within the first 3 years of practice. The number of open abdominal vascular cases has decreased by 45% during this interval.

Conclusions: A disproportionate number of legal proceedings are initiated against vascular surgeons within their first 3 years of practice, and the majority of these lawsuits